



Mental Health Record Correction Form

Please provide the correction of any court information relating to records of mental health found to be inaccurate, insufficient, or incomplete of a person that was entered into the National Instant Criminal Background Check System (NICS) database.

Please provide the following court contact information:

Court Name: _____
Court Point of Contact: _____
Court Address: _____
Telephone Number: _____ Fax Number: _____

The corrected information is provided on the following person:

Name: _____
Original Court Case Number: _____
New Court Case Number: _____
Date of Birth: _____ Sex: _____
Alias Name: _____
Social Security Number: _____ Race: _____
Height: _____ Weight: _____ Place of Birth: _____

This information pertains strictly to the NICS Index Mental Defective File and not any other information which may prohibit the individual from possessing a firearm.

Fax this form along with corrected court documentation to the Point-of-Sale Firearms Program at (775)687-3419. For questions, please call (775) 684-6200.